United Nations DP/FPA/2006/14

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
18 August 2006

Original: English

Second regular session 2006
11 to 13 September 2006, New York
Item 10 of the provisional agenda
UNFPA role in emergency preparedness, humanitarian response, and transition and recovery

UNITED NATIONS POPULATION FUND

Integrating the Programme of Action of the International Conference on Population and Development into emergency preparedness, humanitarian response, and transition and recovery programmes: a strategy to build commitment and capacity*

Contents

Page

I. Background 2

II. Integrating the Programme of Action of the International Conference on Population and Development into emergency preparedness, humanitarian response, and transition and recovery programmes 2

Component 1: Building knowledge of and commitment to the importance of gender and reproductive health issues in crisis and transition 4

Component 2: Improving technical and institutional capacities to incorporate issues from the International Conference on Population and Development into emergency preparedness, response and recovery 6

III. Institutional, financial and staffing implications 8

IV. Elements of a decision 10

* The collection and analysis of data required to present the Executive Board with the most current information has delayed submission of this document.

06-47367 (E) 310806

I. Background

1. In decision 2000/13, the Executive Board of UNDP and of UNFPA encouraged UNFPA, within its mandate, to: (a) provide appropriate and timely support in emergencies; (b) ensure close cooperation with partners within existing coordination mechanisms; (c) seek extrabudgetary resources through the United Nations consolidated appeal process; and (d) evaluate its organizational capacity and systematize its responses to reproductive health needs in special circumstances. The Board also approved the use of up to $1 million of regular resources per year to support population and reproductive health needs in crisis situations.

2. In decision 2005/40, the Executive Board reaffirmed the importance of UNFPA work in humanitarian and transition settings, raised the ceiling of the existing emergency fund from $1 million to $3 million, and requested the Executive Director to report to the Executive Board at its second regular session 2006 on a comprehensive corporate strategy, including resource and staff implications, for emergency preparedness, humanitarian response, and transition and recovery.

3. Taking into account the decisions and observations of the Executive Board, this document presents a three-year corporate strategy to ensure that the key issues in the Programme of Action of the International Conference on Population and Development (ICPD) are integrated into the emergency preparedness, crisis response and recovery programmes of national entities and civil society, regional institutions and the international humanitarian system, particularly the United Nations, through improved awareness and commitment, enhanced capacity and strengthened partnerships.

4. This document builds on: (a) lessons learned; (b) the outline of a strategy presented to the Executive Board at its second regular session 2005 (DP/FPA/2005/18); (c) an analysis of programme country needs, United Nations system initiatives and United Nations reform; and (d) UNFPA roles, experience and commitments. UNFPA identified the goals and activities through stakeholder consultations, through the recommendations of external evaluations of existing UNFPA capacity and systems, and through a global staff survey of training needs. The three-year strategy seeks to enhance the capacity of UNFPA and its partners to respond more effectively to issues of gender, reproductive health, and data in crisis and recovery settings. While developing the strategy, UNFPA took into account ongoing corporate processes, including regionalization and the preparation of the medium-term strategic plan.

5. UNFPA requests the Executive Board to review and endorse the strategy; to approve a one-time investment of $8 million from regular funds over a three-year period (2007-2009) to support priority components of the strategy; and to encourage voluntary contributions for remaining resource requirements.

II. Integrating the Programme of Action of the International Conference on Population and Development into emergency preparedness, humanitarian response, and transition and recovery programmes

6. The ICPD Programme of Action placed women's rights, empowerment and health at the centre of development efforts. It also affirmed that the right to reproductive health applies to all people at all times, including those in communities experiencing or recovering from crisis. Numerous agreements and conventions, including those adopted at the Fourth World Conference on Women and its five-year review, the five-year review of ICPD, the Convention on the Elimination of All Forms of Discrimination against

Women, United Nations General Assembly special sessions on HIV/AIDS, and Security Council resolutions 1308 (on HIV and international peacekeeping operations) and 1325 (on women, peace and security), have reaffirmed the importance of including women's rights, women's empowerment and universal access to reproductive health, including HIV prevention, as integral parts of humanitarian and recovery programming. They have also emphasized the important role of women in peacebuilding.

7. Incorporating the ICPD Programme of Action into humanitarian and transition planning helps to ensure a smooth transition from crisis to development for populations in conflict-affected or disaster-affected countries. It also contributes to social equity and poverty reduction, which are important aspects of peacebuilding. Addressing the heightened risk of maternal and infant mortality, HIV infection, sexual violence and exploitation, and other reproductive health-related issues during crises protects the lives and well-being of individuals and families and reinforces prospects for community recovery. Attention to the various implications of conflicts and natural disasters, of humanitarian response, and of transition and recovery planning for men, women, girls and boys is critical for effective programme design and implementation. It prevents resources from being wasted and helps to ensure human rights, rebuild the economy and consolidate the peace.

8. In addition, the provision of timely, objective and reliable data on populations in crises is fundamental for planning a cost-effective, equitable humanitarian response and sectoral recovery. Reliable demographic data is required to re-establish basic social services and to establish good governance in post-conflict environments.

9. Based on its mandate and responsibility for implementing the ICPD Programme of Action, its commitment to implementing Security Council resolutions 1308 and 1325 and other relevant conventions, and its role in the United Nations reform process, including support for the Peacebuilding Commission, UNFPA is committed to intensifying its work with local, national, regional and global partners to ensure the effective integration of ICPD concerns into humanitarian and recovery planning and programming.

10. UNFPA has developed a three-year plan to achieve this by: (a) building knowledge and commitment; and (b) strengthening capacities for effective programming. The need for improved knowledge, commitment and capacity is evident in numerous evaluations of humanitarian and recovery operations, including the United Nations-sponsored real-time evaluations of the responses in Darfur, Sudan, and in Pakistan; the review of the response to the 2004 tsunami by the International Federation of the Red Cross and Red Crescent Societies; and reports on the implementation of Security Council resolution 1325, all of which note a serious neglect of gender considerations in relief and recovery planning.

11. The development of this corporate strategy involved internal and external consultations and considered recommendations from the ten-year evaluation of reproductive health in emergency situations[1] and those from externally commissioned needs assessments and evaluations[2]. The strategy utilizes an incremental approach over the period 2007-2010, building upon ongoing UNFPA work as a member of the United Nations Development Group, the Inter-Agency Standing Committee for Humanitarian Affairs (IASC), the Inter-Agency Working Group on Reproductive Health in Crisis Situations and other inter-

[1] Inter-Agency Working Group on Reproductive Health in Crises, ten-year evaluation, 2004/2005.

[2] Laure, "Review of technical support requirements for UNFPA humanitarian and recovery programmes", April 2006; Bonverie-Brine, "Analysis of logistics requirements for UNFPA programmes for emergency preparedness, response and recovery", July 2006; UNFPA field staff survey of training needs for emergency preparedness, response and transition programming, March 2006.

agency mechanisms. It also builds on the strong partnerships UNFPA has maintained with governments and local non-governmental organizations (NGOs).

12. While the strategy includes strengthening UNFPA internal capacity, its primary focus is on supporting capacity development to integrate the ICPD Programme of Action into emergency preparedness, crisis response and recovery processes at the national level and within the global humanitarian community. This will be achieved through direct UNFPA support for field activities, targeted training, and the strategic detailing of staff to support United Nations system activities. At the country level, UNFPA will work with national authorities and local NGOs to improve their capacity to consider gender, data and reproductive health issues in emergency preparedness and emergency response planning. UNFPA will provide training, technical assistance and financial support for staff positions in key ministries and in local organizations of countries emerging from crisis, for whom policy inputs and systems development are critical components of recovery.

13. At the global level, UNFPA will secure and deploy experts to incorporate gender and reproductive health considerations into United Nations processes, including joint needs assessments and consolidated humanitarian action plans, post-conflict needs assessments and transition frameworks. It will also help to integrate emergency preparedness and conflict analyses into common country assessments and United Nations Development Assistance Frameworks. In addition, UNFPA will provide technical expertise in gender mainstreaming to support United Nations humanitarian coordinators during crises and will second technical experts to the Office for the Coordination of Humanitarian Affairs (OCHA). The UNFPA strategy is designed to increase the commitment and capacity of the international humanitarian system to ensure that reproductive health, gender and data issues are addressed in all phases of relief and transition.

Component 1: Building knowledge of and commitment to the importance of gender and reproductive health issues in crisis and transition

14. As lead agency for the implementation of the ICPD Programme of Action and as a member of the IASC, UNFPA has been a strong advocate for ICPD issues and has led the development of guidelines and training programmes in the areas of reproductive health, HIV/AIDS and emergencies, and sexual and gender-based violence. Most recently, UNFPA has worked with OCHA to develop a handbook on gender mainstreaming in humanitarian response. Despite progress in establishing norms and standards, reproductive health, gender and data issues are not adequately understood, are not integrated into humanitarian operations; and are neglected in many countries in planning for recovery.

15. This component of the three-year strategy responds to the need to build awareness and commitment. It will accomplish this by: (a) expanding the evidence base; (b) sharing knowledge to better understand gender dynamics and reproductive health in crisis situations; (c) documenting effective practices; and (d) undertaking advocacy with the public; with policymakers at national, regional and global levels; and with donors. The component builds on existing tools and resources for programming guidance and includes improved monitoring and evaluation of programmes and activities in crisis and recovery situations. Specific activities are summarized in paragraphs 16-21.

16. Intensified advocacy to sensitize partners. Based on its experience in emergencies and in communicating the importance of ICPD issues to partners and the media, the UNFPA approach to inter-agency and media advocacy has evolved into an issues-based approach that illustrates how women and girls are affected by crises, and that presents reproductive health and gender-related interventions as

elements of an effective response. An internal analysis of successful media efforts during specific crises, such as the December 2004 tsunami, has confirmed the effectiveness of issue-based advocacy in promoting understanding of reproductive health needs and the role of UNFPA and key partners in addressing those needs.

17. An advocacy guide issued in July 2006 outlines the new communication approach and is being distributed to UNFPA staff, government counterparts and partner organizations. It will form the basis of a series of regional trainings on advocacy. In November 2006, as part of follow-up to the UNFPA-organized *International symposium on sexual violence in conflict and beyond* (Brussels, June 2006), UNFPA will launch an advocacy campaign to highlight the activities of individuals who help to prevent sexual violence in conflict situations. The advocacy campaign will target donors, humanitarian agencies and others at the global level. UNFPA will pilot the advocacy campaign as a behaviour change communication programme in selected war-affected countries to mobilize national governments and civil society to prevent and address sexual violence.

18. Mapping, collating and sharing existing tools and resources. Over the past decade, several organizations have developed training materials and curricula on the reproductive health and gender aspects of conflict and natural disasters. Many of these materials are untested and outdated; others, although of high quality, are unknown to or underutilized by those agencies and authorities for whom they were developed. UNFPA will work with OCHA and the IASC gender task force as well as with the United Nations Development Fund for Women and others to: (a) take an inventory of tools and resources; (b) collate information about their usefulness; and (c) develop mechanisms to make these tools and resources better known and more accessible to the international and national humanitarian communities. This will include improving access to, knowledge of and use by the international and local humanitarian community of the IASC guidelines on HIV and emergencies; the IASC guidelines on managing gender-based violence; and the IASC handbook on mainstreaming gender into humanitarian response, among others.

19. Developing additional tools and orientation programmes. To supplement or update existing training materials, UNFPA will develop new, user-friendly materials targeted to meet the information needs of key stakeholders, including government ministry staff, local organizations, IASC partners, United Nations country team members, humanitarian coordinators, IASC cluster leaders, cluster members and donors. To maximize outreach, UNFPA will develop orientation packets on basic issues (for example, on the need for sex- and age-disaggregated data, and on the gender implications of natural disasters) that can be adapted for local use. UNFPA will also use the orientation packets in distance learning modules and provide guidance for facilitators on how to conduct training sessions.

20. Expanding partnerships for knowledge sharing, and applying research to build evidence-based programmes. Although research exists, for example, on the impact of conflict on women and girls, the gender implications of natural disasters, the reproductive health consequences of displacement, and the implications of peacekeeping deployment on local economies, the results are not easily accessible to policymakers and programme staff. Modalities such as the women, war and peace website (www.womenwarpeace.org) and the Gender and Disaster Network can serve as knowledge clearinghouses, but they require support to collect, input and update information and research findings. UNFPA has initiated discussions with several academic institutions on developing a network for research and training, which will link institutions in the North with those in the South. UNFPA will support efforts to consolidate information from existing research, engage in collaborative applied research and work with networks to disseminate findings.

21. Improving monitoring and evaluation systems. Even in areas for which standards and guidelines have been developed, time constraints and competing priorities during crises and recovery have often led to inadequate monitoring and evaluation, a common problem in humanitarian and transition programming. In collaboration with the Inter-Agency Working Group on Reproductive Health in Crisis Situations, UNFPA will develop, pilot and disseminate user-friendly monitoring tools for the minimum initial service package, and use them to train programme staff. UNFPA will also develop or strengthen other monitoring systems, including those that focus on gender-based violence, HIV and the protection of women and girls.

Component 2: Improving technical and institutional capacities to incorporate issues from the International Conference on Population and Development into emergency preparedness, response and recovery

22. Improving the institutional and technical capacities of governments, NGOs, the United Nations system and the broader humanitarian community to incorporate ICPD issues into emergency preparedness, response and recovery requires human resources as well as mechanisms to ensure that ICPD issues are included in planning processes. These include the common country assessment; conflict analyses and emergency preparedness; joint assessments in acute emergencies; consolidated appeals; common humanitarian action plans; the cluster approach; post-conflict needs assessments and transition frameworks; integrated mission planning; disarmament, demobilization and reintegration; security sector reform initiatives; and peacebuilding programmes.

23. Thus, the second component of the UNFPA strategy focuses on: (a) improving the availability of human resources by identifying and building on the existing skills of a team of technical experts; (b) supporting new skills development at all levels, particularly in the areas of reproductive health, gender-based violence, and the collection, analysis and use of data for decision-making; and (c) developing mechanisms for the timely deployment of such personnel, whether at the national level or in the United Nations system.

24. Under this component, UNFPA will: (a) identify existing expertise and establish rosters, including standby agreements for the deployment of technical, logistical and operational expertise; (b) strengthen technical and operational expertise by providing targeted training at all levels, focusing on local and national authorities and civil society; (c) provide expertise to incorporate ICPD issues in key United Nations processes; (d) support national programme staff to strengthen the local capacity for emergency preparedness and response; and (e) strengthen the capacity of UNFPA to support local and national capacity development and to participate in the United Nations processes. These activities are summarized in paragraphs 25-30.

25. Establishing technical expert networks and mechanisms for rapid deployment. Within the IASC, UNFPA is responsible for overseeing United Nations system support for reproductive health, gender-based violence and gender mainstreaming within various sectors. This requires identifying and quickly deploying a team of experts to crisis areas. In partnership with members of the Inter-Agency Working Group on Reproductive Health in Crisis Situations, the IASC gender task force, the Norwegian Refugee Council and others, UNFPA will develop a roster of experts; establish methods of rapid orientation and credentialing; and develop mechanisms to ensure timely deployment of personnel during crisis and transition periods. At the global level, UNFPA will work with OCHA to mainstream gender into the

humanitarian cluster approach. UNFPA will also identify national, subregional and regional experts and organize subregional forums to exchange technical and operational skills.

26. Operational and technical skills training of practitioners. UNFPA will conduct three types of training: (a) training for government counterparts and for national and local NGOs to build their capacity to incorporate reproductive health, gender-based violence and other gender issues in national emergency preparedness, response and recovery planning; (b) training for UNFPA and other partners already involved in reproductive health, gender and population programmes on how to apply their skills in crisis and recovery situations; and (c) training for humanitarian and recovery workers on how to incorporate ICPD concerns into ongoing relief and recovery work.

27. UNFPA will develop joint training initiatives with academic and training institutions to: (a) incorporate ICPD concerns into existing relief training programmes; and (b) incorporate relief and recovery aspects into existing reproductive health, gender and data training. UNFPA will target a broad range of staff in the field and in headquarters. It will train technical staff on how to incorporate relief and recovery issues into their work, and will train managers and programme personnel on programme process issues, such as coordination mechanisms and resource mobilization.

28. Building national capacities for preparedness. Advancing national ownership is the foundation of the UNFPA humanitarian, emergency and recovery strategy. Over the past five years, UNFPA has supported local and national actions in acute emergencies and in post-conflict and natural disaster recovery in many countries. An important lesson learned is that the most effective and cost-efficient way to ensure that ICPD issues are part of humanitarian responses is to incorporate them into well designed emergency preparedness plans. Although UNFPA has provided limited support in this area, the experiences of Ecuador and the Islamic Republic of Iran provide good examples.

29. For each of the three years of the initiative, UNFPA will support the development of national preparedness plans or the integration of ICPD issues into existing plans in five countries. By the end of three years, 15 countries will have incorporated reproductive health, gender and data issues into their national crisis contingency planning. Support will include sensitization, training, dedicated personnel, and grants to national and local NGOs. The goal is to build capacity at the national level so that the need for external support during disasters will be reduced.

30. Ensuring demographic, gender and reproductive health expertise as part of the United Nations humanitarian, transition and peacebuilding mechanisms. Ensuring that ICPD issues and the recommendations in Security Council resolutions 1308 and 1325 are considered in decision-making processes in the United Nations system requires raising awareness within the system, improving the knowledge base, and establishing clear monitoring systems. It requires skilled staff 'at the table' during critical decision-making and planning processes, such as the design of humanitarian response programmes, the establishment of integrated United Nations missions, and the development of transition and recovery frameworks. This strategy will improve United Nations system capacities by: (a) recruiting and seconding professional staff to partner agencies such as OCHA and the Peacebuilding Support Office; and (b) strengthening UNFPA staff capacities to participate in these processes at global, regional and national levels.

III. Institutional, financial and staffing implications

31. UNFPA expertise in working in crisis situations has increased over the past decade. Innovative pilot programmes, expanded technical and operational partnerships, and intensive advocacy have led to a growing recognition of the importance of data, gender and reproductive health needs in emergencies and national recovery. This has resulted in an increased demand for UNFPA technical and operational support in such situations – a challenge in itself, since UNFPA has a very small humanitarian response unit (only two core professional posts) and limited specialized staff at the regional level and in the field.

32. Furthermore, the welcome increases in donor support have largely been for individual emergency or recovery situations or for specific thematic pilot programmes, and not for systems development or institutional capacity-building. It is now time for UNFPA to move forward and to introduce a range of innovations in managing staff, financial resources and commodities related to humanitarian work. This will ensure that the UNFPA response to crisis and transition situations is predictable, timely and effective, and will also ensure a stronger role for UNFPA in United Nations reform.

33. The three-year strategy includes building institutional capacities to strengthen the UNFPA role at national and global levels by: (a) improving staff skills and competencies; (b) systems development; (c) building minimum surge capacity (deployment of staff in acute emergencies); and (d) scaling up pilot programmes.

34. Improving staff skills and competencies. According to the external assessment of UNFPA technical expertise in humanitarian programming, the UNFPA Technical Advisory Programme has not been able to provide the technical support required by countries in crisis, partly because the system was designed to deal with non-crisis situations. UNFPA seeks to strengthen its in-house technical expertise in each of the ICPD thematic areas to ensure more timely and predictable technical support to national counterparts, United Nations partner agencies and the humanitarian community. These experts will develop capacity, provide training, develop guidelines, set inter-agency standards and provide direct technical and operational support during crisis and recovery periods.

35. UNFPA recently launched a new programme and policy manual on humanitarian response, recovery and preparedness. Although it is an important contribution to mainstreaming relief and recovery in programming operations, staff skills and competencies are not yet at the level required to fully operationalize the manual. Using the training tools and materials described in component 2 of this strategy, UNFPA will implement, in a phased manner, staff training in geographically appropriate locations and will target international and national staff alike. Technical experts will receive special training on how to apply their existing expertise in crisis and recovery settings. Programme managers will receive in-depth training on programming processes and coordination mechanisms used in relief and recovery phases.

36. Systems development. UNFPA will recruit specialized experts during the initial phases of the programme to assist in designing more flexible, timely and efficient systems to respond to crisis and recovery in the areas of logistics, information management, resource mobilization, inter-agency liaison, field communication and data systems. UNFPA will: (a) develop internal standard operating procedures; (b) clarify staff roles and responsibilities; and (c) carry out a study to identify administrative bottlenecks to programme implementation. Although this exercise has been designed to improve the UNFPA humanitarian response, it will also improve overall programming and operations.

37. Ensuring minimum surge capacity for direct support. As UNFPA supports the efforts of others, it is imperative that the organization step up its own preparedness to respond effectively to new crises. Currently, the capacity of UNFPA to provide direct support falls short of its institutional commitments, impeding effective response and monitoring. Although UNFPA will maximize the use of partnerships such as stand-by agreements, internal surge capacity is also required. Based on the global staff survey of training needs, UNFPA has begun to identify staff for rapid deployment teams and is developing an orientation programme for such staff.

38. Given the requirements to respond effectively to conflict, post-conflict and natural disaster situations, existing staffing is insufficient at headquarters, regional and country levels. There has not been sufficient staff to scale up successful pilot programmes, to provide adequate support in crises or to properly monitor and evaluate programmes. The majority of posts required to implement the three-year strategy are programme posts. However, there is an urgent need for additional core posts in order to carry out basic functions during this period. UNFPA will therefore propose that additional posts be included in the next biennial support budget.

39. Financial requirements. The total estimated costs for implementing the proposed three-year strategy to integrate ICPD issues into humanitarian and recovery planning and programmes is approximately $23 million, which includes deploying technical and operational support in new emergencies. UNFPA proposes to utilize $8 million in regular resources over the three-year period for this initiative and to seek co-financing contributions for the remaining resource requirements. The regular resources will be used for: (a) programme posts in the geographical divisions and country offices; (b) training advisers at headquarters; (c) 10 United Nations volunteers and 10 national programme officers for UNFPA country offices or for secondment to national counterpart entities; and (d) developing and implementing training programmes and support for national preparedness planning in 15 countries. The detailed budget and work plan are available on the Executive Board web page (www.unfpa.org/exbrd/2006/2006_second.htm).

40. UNFPA proposes that the existing emergency fund, established through Executive Board decision 2000/13 at a level of $1 million per year from regular resources, which was raised, as an interim measure, to $3 million through Executive Board decision 2005/40, be retained at its current level and continue to serve as a source for acute emergency response programming and as a buffer to advance emergency funds against pledges made but not yet honoured. This fund has made it possible for UNFPA to initiate support in dozens of emergencies every year and has been an invaluable resource to ensure reproductive health services to displaced populations, particularly in 'forgotten emergencies', where contributions from consolidated appeals processes were not forthcoming.

41. To implement the three-year strategy, UNFPA proposes the establishment of a voluntary, open-ended trust fund for reproductive health and gender mainstreaming in relief and recovery. This would provide a mechanism for donor contributions in support of the strategy but could also absorb earmarked donor contributions for direct emergency and recovery activities. In addition, UNFPA will develop a targeted resource mobilization plan to obtain increased funding for humanitarian and transition activities, including: (a) the analysis of donor policies and trends; (b) support to country offices to participate in consolidated appeals and multi-donor trust funds; and (c) increased joint programming.

IV. Elements of a decision

42. The Executive Board may wish to:

(a) endorse the UNFPA strategy for emergency preparedness, humanitarian response, and transition and recovery programmes, including its core resource requirements;

(b) agree to maintain the emergency fund at $3 million a year, funded from regular resources;

(c) endorse the establishment of a dedicated trust fund managed by UNFPA to implement the strategy and to provide direct support for reproductive health and gender mainstreaming in relief and transition programming; and

(d) encourage co-financing contributions for the trust fund.